

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 06/20/03.

I. DISPUTE

Whether there should be reimbursement for dates of service 11/12/02 through 01/27/03.

II. FINDINGS

The requestor faxed a new Table of Disputed Services on 08/22/03 and was received in Medical Review Division on 08/25/03. The dates of service 11/12/02 through 12/16/02 have been paid and will not be reviewed.

III. RATIONALE

Carrier denied services as “R-X209-The service(s) is for a condition(s) which is not related to the covered work related injury. For reconsideration of charges, please submit documentation to support relatedness of services rendered to the work related injury. V-Based on peer review, further treatment is not recommended.”

DOS	CPT	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
12/19/02 12/23/02 12/26/02 12/30/02 01/02/03 01/07/02 01/09/03	97265	\$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	R, V R, V R, V R, V R, V R, V R, V	\$43.00	MFG MGR (IV) 133.307 (g)(3) 133.307 (j)(G)(2)	Parties agree the claimant sustained a compensability injury on ____ to her cervical spine only per an agreement on 03/03/03. Carrier then denied services as “V-Based on peer review, further treatment is not recommended.”; after Medical Dispute had been filed. Per rule 133.307(j)(G)(2) new issues cannot be raised after the filing of a request. Therefore, charges will be reviewed per the MFG. Relevant information indicates services were rendered per the MFG and reimbursement is recommended in the amount of \$301.00 . (\$43.00 x 7 DOS = \$301.00)

12/19/02 12/23/02 12/26/02 12/30/02 01/02/03 01/07/02 01/09/03	97250	\$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	R, V R, V R, V R, V R, V R, V R, V	\$43.00 one or more regions	MFG MGR (I)(A)(1-5, 8) 133.307 (g)(3) 133.307 (j)(G)(2)	Parties agree the claimant sustained a compensability injury on ____ to her cervical spine only per an agreement on 03/03/03. Carrier then denied services as “V-Based on peer review, further treatment is not recommended.”; after Medical Dispute had been filed. Per rule 133.307(j)(G)(2) new issues cannot be raised after the filing of a request. Therefore, charges will be reviewed per the MFG. Relevant information indicates services were rendered per the MFG and reimbursement is recommended in the amount of \$301.00 . (\$43.00 x 7 dates of service = \$301.00)
12/19/02 12/23/02 12/26/02 12/30/02 01/02/03 01/07/02 01/09/03	97112	\$35.00 \$35.00 \$35.00 \$35.00 \$35.00 \$35.00 \$35.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	R, V R, V R, V R, V R, V R, V R, V	\$35.00 each 15 minutes	MFG MGR (I)(A)(1-5, 8) 133.307 (g)(3) 133.307 (j)(G)(2)	Parties agree the claimant sustained a compensability injury on ____ to her cervical spine only per an agreement on 03/03/03. Carrier then denied services as “V-Based on peer review, further treatment is not recommended.” After Medical Dispute had been filed. Per rule 133.307(j)(G)(2) new issues cannot be raised after the filing of a request. Therefore, charges will be reviewed per the MFG. Relevant information indicates services were rendered per the MFG and reimbursement is recommended in the amount of \$245.00 . (\$35.00 x 7 dates of service)
12/19/02 12/23/02 12/26/02 12/30/02 01/02/03 01/07/03 01/09/03 01/13/03 01/20/03 01/27/03	99213	\$48.00 \$48.00 \$48.00 \$48.00 \$48.00 \$48.00 \$48.00 \$48.00 \$48.00 \$48.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	R, V R, V R, V R, V R, V R, V R, V R, V R, V R, V	\$48.00	MFG MGR (I)(B) 133.307 (j)(G)(2)	Parties agree the claimant sustained a compensability injury on ____ to her cervical spine only per an agreement on 03/03/03. Carrier then denied services as “V-Based on peer review, further treatment is not recommended.” After Medical Dispute had been filed. Per rule 133.307(j)(G)(2) new issues cannot be raised after the filing of a request. Therefore, charges will be reviewed per the MFG. Relevant information indicates services were rendered per the MFG and reimbursement is recommended in the amount of \$480.00 . (\$48.00 x 10 dates of service = \$480.00)
12/19/02 12/23/02 12/26/02 12/30/02 01/02/03 01/07/03 01/09/03	97110	\$175.00 \$175.00 \$175.00 \$175.00 \$175.00 \$175.00 \$175.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	R, V R, V R, V R, V R, V R, V R, V	\$35.00 each 15 minutes	MFG MGR (I)(A)(10) 133.307(g)(3)(A-F)	See Rationale below.
Totals		\$1,327.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$1,327.00 is recommended.

Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. Relevant information submitted in support of the fee component in this dispute does not identify the severity of the injury to warrant exclusive one-on-one treatment. Therefore, in accordance with MFG MGR (I)(A (10), no additional reimbursement is recommended.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes 97265, 99213, 97250, and 97112. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$1,327.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 27th day of April 2004.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division
MB/mb